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An Australian Government Initiative

# **Mental health needs assessment 2015**

# Introduction

## South Eastern Melbourne Primary Health Network Catchment

Identifying the health needs of our community is the necessary and critical first step to deliver better health outcomes for the population in South Eastern Melbourne. With this in mind, this document identifies the most critical factors contributing to the variation in health outcomes across South Eastern Melbourne and, on this basis, recommends potential activities to address many of these issues.

The population of the South Eastern Melbourne PHN (SEMPHN) catchment is not homogeneous. In certain sections of the catchment, there are very high standards of living while in other areas there are some of the worst living standards in Australia. This variation is similarly reflected in the health of the population residing in the SEMPHN catchment, with areas such as Dandenong, Frankston North and Cardinia exhibiting the poorest health and social outcomes of any region in the broader SEMPHN catchment.

There are also those areas which reflect a hybrid, where generally good population health exists alongside communities with very poor health outcomes. This is best reflected in the City of Port Phillip, where there are both high standards of living and good health outcomes coupled with high rates of homelessness, mental health and drug addictions, contributing to poor health outcomes for pockets of the population.

The significant variability in the health of the SEMPHN community coupled with economic environment that mandates that PHNs ‘do more with less’ has shaped this Health Needs Assessment, including the proposed activities. In identifying areas of priority and corresponding activities, this document focuses specifically areas and cohorts exhibiting the poorest health outcomes, often across a number of domains. By doing so, the SEMPHN will be able to improve the health outcomes of our population using the most effective and efficient means.

The areas of priority and corresponding activities are designed to align with four key themes: Intelligent Commissioning; Co-Design and Patient Centricity; Health System Alignment; and, Enhancing Professional Practice Capacity. These themes reflect the central features of the SEMPHN’s organisational strategy, and therefore provide the frame for all of the current and future activities for the organisation.

## Process

The baseline mental health needs assessment aims to provide information on the population profile of the SEMPHN catchment in relation to local needs for clients accessing treatment services.

This needs analysis has used a range of secondary data sources: burden of disease data is sourced from the Department of Health and Human Services (DHHS), Local Government Area Profiles data 2013, the Victorian Population Health Survey data (2011), the Social Health Atlas of Australia (November 2014 release) produced for Primary Health Networks (PHNs) and complemented by the Social Atlas information provided by LGA released at the same time. Additionally, information from the Australian Commission on Safety and Quality in Health Care, Australian Atlas of Healthcare Variation is used to source relevant data together with data provided by SEMPHN extracted from its PHN portal.

The data has been tailored to capture the Local Government Areas (LGAs), and where data is available, information relating to the catchment LGAs is compared with total Victorian, metropolitan and rural rates and in some instances with the two other metropolitan PHNs.

Task	Activity	Outcome
Planning	Establish governance group Develop project plan Identify limitations and timeframe	Confirmation of roles Project plan endorsed noting tight time frame and limitations
Assess Need	Data Collection and Analysis Identify data available at geographical areas Source local data, health Inequities demographic trends, special need/hard to reach groups, health service utilisation, service provision and gaps.	Priority areas identified

In addition to reviewing and analysing secondary data, SEMPHN has undertaken a broad range of consultations in preparing this report. This consultation has included:

- Two large stakeholder forums involving primary mental health service providers (from individual clinicians to service agencies). Each of these forums were attended by approximately 90 individuals, and provided attendees with an opportunity to discuss and reflect on the current state (including service gaps) and future opportunities for the primary mental health system in the SEMPHN region.
- A forum involving consumers, carers and consumer advocates to reflect on the current effectiveness (including service gaps) and future opportunities for the primary mental health system in the SEMPHN region
- Six interviews with senior personnel from service agencies and the Department of Health and Human Services in the SEMPHN region to: i) understand the current challenges affecting the primary mental health service system; and ii) identify opportunities for future system and service development in line with the Commonwealth Government's model of stepped care.

In addition to the above consultations, SEMPHN has also done the following:

- Commissioned a needs analysis and service mapping exercise for the entire region. While this has been done in preparation for the forthcoming needs analysis due in October 2016, many of the interviews and surveys conducted by the commissioned consultant have been considered in preparing this report
- Undertaken a number of joint initiatives and projects relating to mental health needs and services in the SEMPHN region with the regional LHNs.

As the above demonstrates, SEMPHN has undertaken a number of consultations to understand the mental health needs and corresponding service requirements in the SEMPHN region. Notwithstanding this work, since this report was first submitted, SEMPHN has undertaken a number of additional forums, including:

- A further stakeholder forum involving primary mental health service providers (from individual clinicians to service agencies). This forum was attended by approximately 70 individuals, and provided attendees with an opportunity to explore the details of a future mental health service system in the SEMPHN region. This forum sought to build on previous discussions by providing stakeholders with an opportunity to begin to shape the design of the future service system
- A further forum involving consumers, carers and consumer advocates to begin to shape the design of the future mental health service system in the SEMPHN region, building on the previous contributions that this cohort made during a previous forum

- A roundtable involving senior personnel from each of the mental health service agencies currently delivering services in the SEMPHN region, LHNs, and a representatives from the local Department of Health and Human Services. The purpose of this forum will be to: i) consider the output from the previous stakeholder forums; and ii) develop a vision and roadmap for the mental health service system in the SEMPHN region, reflecting the need for a multi-model and stepped approach to care.

Triangulation - In consultation with the governance group an overview of health need and service gaps were presented and opportunities for service development were identified with focus around chronic disease management, screening rates, immunisation and issues associated with an ageing population. More specifically populations exhibiting the greatest need were identified in the Local Government Areas of Dandenong, Frankston and Casey. Within these LGA's further analysis is required to understand the increasing burden of admission rates of preventable chronic conditions including cellulitis, COPD, angina and the high admissions for dental procedures. There are low participation rates in preventative health initiatives including screening programs and immunisation that need to be addressed in the areas of Port Phillip and Frankston.

### **Additional Data Needs and Gaps**

Having access to timely population, health and service usage data at a local level, provides greater depth to profiling the catchment, service demands and utilisation and enables initiatives to be targeted to populations that demonstrate higher rates of need. Access to appropriate level data has limited the detail and analysis completed in the needs assessment. Aggregated data can obscure the impact of SEMPHN activities, particularly pilots or interventions targeted at particular subsets of the population, such as vulnerable populations.

Population, demographic and health data can be accessed via a variety of organisation specific portals including the PHN website. Each organisation is driven by the priority of the organisation providing the data, not the audience accessing data. Subsequently data available is presented at the level of detail directed by the organisation capturing the data, the limitations imposed by the data custodians or previous clients accessing the data. Data are presented at different geographic levels and there are limitations to the data elements available. Data are not refreshed at the same scheduled rate so comparisons are made between population groups from ranging years.

Regular access to practice, service and patient level data would enable the PHN to determine as near as possible to real time where to direct our programs and to quantify the impact PHN activities are having on client outcomes. Unit level data would also help identify geographical areas where the general practices have significant clinical variation. SEMPHN could then work with these practices to improve their processes.

Different organisations present data on a variety of platforms, therefore data is presented through products such as excel, modified SAS tables, dashboards and pdf files. This adds time to the data extraction process and limits the analysis to what can be readily extracted. For example ascertaining simple data on co-morbidities, length of stay in acute and sub-acute hospital settings is currently not possible. If data were available in a timely manner at the appropriate level, needs assessments would evolve out of routine analysis completed during core business rather than as an additional reporting requirement.

### **Additional comments or feedback**

The short time frame to complete the Mental Health Needs Assessment is noted. This report outlines the high level findings and it is our intention to pursue more detailed

information through work currently being undertaken to map service pathways for people experiencing moderate to severe mental health issues.

# Mental health needs analysis outcomes

## Summarising the findings of the mental health needs analysis

The South Eastern Melbourne PHN catchment encompasses an area comprising 1.4 million people that extends from St Kilda to Sorrento and as far east as Bunyip, including the major population hubs of Monash, Dandenong, Moorabbin, Caulfield, Cranbourne, Frankston and Pakenham

## Determinants of Mental Health

There are manifold social, psychological, and biological factors that determine the level of mental health of a person at any point of time. It is now recognised that some of the contributing factors to stressors in life that impact on mental health and wellbeing include persistent socio-economic pressures such as job and housing insecurity. The World Health Organisation notes that the clearest evidence is associated with indicators of poverty, including low levels of education.

It is also recognised that poor mental health has associations with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyles, risk of violence, physical ill-health and human rights violations.

Although there are specific psychological and biological factors that make people vulnerable to mental disorders, the contributing factors being assessed in this review relate to the social determinants that can be influenced through policies and programs available within communities.

### *Unemployment*

Community indicators across a number of domains, including basic information relating to unemployment, mortgage and rental stress and homelessness, provide insights to risk factors that influence mental health within a community.

There are three LGAs within the SEMPHN catchment that have higher rates of unemployment compared with the State rate of 5.8%. The City of Greater Dandenong has the highest unemployment rate at 9.1% followed by the Cities of Kingston (7.4%) and Frankston (7.3%).

### *Disability*

The LGAs that have the greatest numbers of disability pension recipients per 1,000 eligible population with the City of Greater Dandenong which has the highest rate at 78.9 per 1,000 and the City of Frankston at 70 per 1,000 compared with the State rate of 54.9 per 1,000.

### *Socio-economic status*

The SEIFA Index provides a standardised means for assessment of the socio-economic status of Australian communities. There is disparity in SEIFA Index scores between LGA's, Greater Dandenong has high levels of disadvantage and has the lowest SEIFA index within the catchment at 895 compared with the Victorian index of 1010. There are significant areas of low disadvantage identified in the SEIFA scores including Stonnington, Bayside and Glen Eira.

Indicators such as citizen engagement provide an insight into how involved individuals are within their community, given that people who suffer from anxiety or depression tend to withdraw from social engagement and become isolated. As such community participation

and social networking can be useful proxy indicators to the state of mental health and wellbeing of individuals.

### ***Social Isolation***

The VicHealth Indicators Survey 2011 examined the percentage of LGA respondents who indicated they participated in activities such as attending a town meeting, met with or sent a letter to any local politician, joined a protest or signed a petition. The response rate for LGAs within the catchment indicates that parts of the catchment were significantly more engaged with their community (Cities of Port Phillip, Bayside, Stonnington and Cardinia) than other areas (Cities of Greater Dandenong, Casey and Frankston) This is also consistent with the other measures of community strength such as volunteerism.

However, if this is compared with the levels of social networking used to organise time with friends and family there is a greater consistency across the LGAs within the catchment and in comparison with the Victorian rates. Indeed, LGAs such as the Cities of Greater Dandenong and Cardinia and Casey demonstrate greater engagement than most LGAs.

### ***Work life balance***

Additionally, based on information from the VicHealth Indicators Survey conducted in 2011, it is also noteworthy that there are a number of LGAs within the SEMPHN catchment in which the surveyed population tend to have an inadequate work-life balance. This includes people in the City of Greater Dandenong which has 69.5% of the population indicating they had poor work-life balance. Other LGAs that have a poorer rate than the State rate of 53.1% include Bayside Mornington Peninsula, Port Phillip, Glen Eira and Cardinia which all have rates above 50%.

### ***Homelessness***

Homelessness is another strong risk factor for mental ill-health and substance misuse within a population. Indeed there is strong research to support the inter-relationship between homelessness and mental health and substance abuse. The 2010 AHURI report on homelessness highlights evidence that suggested that people who were homeless were more likely to experience mental health conditions. Additionally, the report noted the prevalence of substance abuse disorders amongst homeless people that exceeded general population estimates. In this context it is noteworthy that parts of the SEMPHN catchment, specifically Greater Dandenong and Port Phillip, have significant pockets of homelessness, with 25% of the reported homeless in the catchment coming from Greater Dandenong and 24% in Port Phillip.

There are a number of exogenous determinants that contribute to mental ill-health and drug misuse. Amongst these is domestic violence and behavioural stresses such as the financial implications of gambling.

### ***Domestic Violence***

There are four LGAs within the catchment that have higher rates of family violence incidents, based on data available from Victoria Police, than the Victorian rate of 10.8 per 1,000 population. The rate in the City of Frankston being the highest at 17.9/1,000 population which is also higher than the rural Victorian rate of 14.1/1,000 population. The rate in the City of Greater Dandenong (15.2/1,000), Shire of Cardinia (14.9/1,000) and City of Casey (12.7/1,000) are also higher than the Victorian rate.

### ***Financial stress***

It is generally recognised that financial stress is also a contributor to mental health issues and substance misuse. In this context, there are several LGAs within the SEMPHN that have higher proportions of households experiencing either mortgage or rental stress. The

greatest mortgage and rental stress experienced within the catchment is in the Greater City of Dandenong (mortgage stress, 20.5%; rental stress, 31.8%).

### ***Gambling***

There are also a number of LGAs within the catchment that have high rates of gaming machine losses per head of adult, including the City of Greater Dandenong which has the highest rate at \$986.50/per head of adult compared with the Victorian rate of \$549 per head. Several other LGAs within the catchment are also at rates well above the Victorian rate, including the City of Kingston, Shire of Mornington Peninsula and City of Glen Eira.

## **Population groups**

### ***At risk population***

There are particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related health issues. These include LGBTIQ community, ATSI community, asylum seekers and refugees, people of diverse ethnicity and language groups and children and adolescents amongst others.

### ***Refugees and asylum seekers***

It is generally recognised that many refugees and asylum seekers have multiple and complex physical and psychological health issues, resulting from trauma and torture, deprivation and prolonged poverty, periods in immigration detention, and poor access to healthcare. In this context, it is noteworthy that two of the LGAs within the catchment have a very high proportion of humanitarian arrivals as a percentage of new settlers when compared to Victorian rate, or the higher rate, for rural Victoria.

Specifically, the LGAs of Greater Dandenong, which has 20.3% of new settlers being humanitarian arrivals and the City of Casey which has 12.7%, compared with the Victorian rate of 7.2% or the rural Victorian rate of 13.6%.

### ***Cultural diversity***

A person's cultural background will affect how they interpret and respond to life experiences. Cultural values and personal circumstances will influence whether a person seeks support primarily from friends and family or from professional services. As, the City of Greater Dandenong has considerably larger numbers of new settlers per 100,000 at 3,761/100,000 than other LGAs within the catchment and when compared with rates for Victoria as a whole. The City of Port Phillip with 2,226/100,000, Glen Eira at 1,967/100,000 and Stonnington at 1,855/100,000 are also at rates higher than the Victorian rate of 1,415/100,000.

Another issue that may affect the mental health of many Australians is racism or community acceptance of cultural diversity. It is recognised that lack of community acceptance or racist behaviour may result in people withdrawing from contact with others, including being afraid of going to school or work. This can also increase the risk of mental health problems such as depression, anxiety and substance use.

It is therefore noteworthy that there are several LGAs within the SEMPHN catchment that have a lesser rate of community acceptance of cultural diversity than the Victorian average of 50.6%. This is based on the percentage of the LGA population who disagreed or strongly disagreed with the statement: "Australia is weakened by people from various racial, cultural, ethnic and religious backgrounds sticking to their old ways".

There are four LGAs of the ten within the catchment that had lesser rates than the State rate of 50.6% of acceptance of cultural diversity. Perhaps unsurprisingly this includes the Cities of Frankston and Casey at 37.4% and 37.8% respectively, followed by the Shires of Cardinia (43.7%) and Mornington (44.7%).

### ***Aboriginal and Torres Strait Islander population***

The City of Frankston is the only LGA within the SEMPHN catchment with an equivalent rate of Aboriginal and Torres Strait Islander residents to the Victorian rate (0.81%). All other LGAs within the catchment have well below this Victorian rate.

Data on Aboriginal and Torres Strait Islander use of PHN funded mental health services are not currently available. SEMPHN intends to include identification in its Minimum Data set for mental health programs going forward so needs and service utilisation can be measured.

The Dandenong & District Aborigines Co-operative (DDACL) currently provides mental health and alcohol and drug services across SEMPHN for 23 indigenous clients, over 90% of whom have dual mental health and alcohol and drug diagnoses. They also have a tobacco program called the Yarning Group to address the high smoking rates amongst the community.

Three Area Mental Health services, which are based at The Alfred Hospital, Southern Health and Peninsula Health had a total of 70 indigenous clients across the region in 2010/11, representing 0.6% of total clients. This reflects an over representation of the indigenous community which comprises just 0.4% of the total community. The highest proportions were in the Casey (1.1%) and Mornington Peninsular (0.8%) which reflects the larger indigenous communities in these areas.

Within the region, 46 Mental Health Outreach clients were seen in 2013/14 by various organisations including Headspace, Monash Health and Peninsula Health

### ***Children and adolescents***

There is an increasing evidence base that shows that exposure to domestic violence, either as a 'witness' or as a victim of abuse, has psychological and behavioural impacts on children. This research literature as cited by the Australian Institute of Criminology notes that this can include, depression, anxiety, trauma symptoms, increasing aggression, antisocial behaviour, lower social competence, temperamental problems; lower self-esteem, the presence of pervasive fear, mood problems, loneliness, school difficulties, peer conflict, impaired cognitive function and/or increased likelihood of substance abuse.

In this context it is noteworthy that there are a number of LGAs within the SEMPHN that have high proportions of children on child protection orders. This includes 6.9/1,000 population in the City of Frankston, 6.0/1,000 in the City of Port Phillip and 5.7/1 and 5.7/1,000 in the City of Greater Dandenong, compared with the Victorian rate of 5.2/1,000 and the metropolitan Melbourne rate of 3.9/1,000.

There are also significantly higher rates of substantiated child abuse within the City of Frankston at 12.4/1,000, 11.0/1,000 in the City of Greater Dandenong and 8.7/1,000 in the Shire of Mornington Peninsula, compared with the Victorian rate of 6.7/1,000 and the metropolitan Melbourne rate of 5.6/1,000.

There are also a number of LGAs that have higher than Victorian rates for children with emotional or behavioural problems at school entry, which in the case of the City of Frankston directly correlates with rates of domestic violence and rates of child protection orders.

In addition to the City of Frankston which has a rate of 6.7% of children with emotional or behavioural problems at higher rates than either the Victorian rate (4.3%) or metropolitan Melbourne rate (3.9%), other LGAs include the City of Casey (5.5%) and Shire of Cardinia (5.4%).

Only one LGA within the SEMPHN has a higher proportion than the Victorian rate (17.9%) of adolescents who reported being bullied at school being Shire of Mornington Peninsula at 19.1%.

### ***Culturally and linguistically diverse population***

There is increasing evidence to indicate that there are greater needs in primary care for CALD population groups. For example, the American Psychological Association notes that “primary care that includes mental health screenings and treatments that take into account a patient’s language and cultural background can help address mental health care disparities among ethnic minorities...”. This assessment holds true for mental health services anywhere and as such should be taken into consideration in undertaking service planning and service development in any context.

It is noteworthy that all LGAs within the inner and growth areas of the SEMPHN have a well below the Victorian proportion of the population born in NESB countries than the Victorian rate of 20.9%. The highest proportion of persons who were born in NESB countries reside in the City of Greater Dandenong at 12.3%. Nevertheless, this rate is significantly lower than in other LGAs within the metropolitan area of Melbourne. Unsurprisingly, the City of Greater Dandenong has a high proportion of language other than English spoken at home at 64.5% as compared with the Victorian rate of 24.2%

More significantly, however, is that the City of Greater Dandenong has a very high proportion of people with low proficiency in English (16.4%) when compared with the Victorian rate of 4%. As a result services provided in these area will need to respond to the cultural and linguistic diversity of the population accessing those services.

## **Health**

### ***Self-reported health status***

Self-assessed health status is a commonly used measure of overall health reflecting an individual’s perception of his or her own health at a given point in time. Despite concerns about subjective measures of health, the use of self-assessment remains a measure frequently utilised by researchers. In part this is due to the ease of data collection via this measure and in part the observed correlation between self-assessed health and objective measures of health. It is therefore a useful measure of both a person’s current health status, as well as providing a broad picture of a population’s overall health.

in response to a question to persons aged 15 years and over as part of the National Health Survey 2011-12, who were asked to rate their health on a scale from ‘excellent’, through ‘very good’, ‘good’ and ‘fair’, to ‘poor’ health. The data shows those respondents who rated their health as fair or poor.

It is noteworthy and 29.1% of people residing in Greater Dandenong rated their health as ‘fair’ or ‘poor’ as compared with the Victorian rate of 15.9%.

This is also consistent with the information from the Public Health Information Development Unit Social Atlas of Australia (Victoria) on the age standardised rates (ASR) of persons who were categorised as experiencing high or very high psychological distress, based on Kessler 10 Psychological Distress Scale (K10) The K10 is a set of 10 questions designed to categorise the level of psychological distress over a 10 week period, and is a simple measure of anxiety, depression and worry.

Residents within the City of Greater Dandenong have a statistically significant level of high or very high psychological distress (14.4/100 ASR) compared with the Victorian rate (11.4/100 ASR). Indeed, with the exception of the City of Frankston and the Shire of Cardinia there is statistical significance when compared with all other LGAs within the catchment and the other two metropolitan PHNs. As noted, two LGAs with higher than

state levels of psychological distress are the Cities of Frankston (12.7/100 ASR) and Mornington Peninsula (12.2/100 ASR).

### ***Mental health and behaviour problems***

Data on mental health and behavioural problems reported in the PHIDU dataset was identified through self-reported information on long-term conditions as part of the Australian Health Survey. Respondents aged 15 years and over reported a long-term mental or behavioural problem including behavioural or emotional disorders; dependence on drugs or alcohol; feeling anxious or nervous; and depression, and feeling depressed.

The self-reported information indicates that there are several LGAs within the catchment where the male population had higher mental health and behavioural problems than the state rate of 10.8 ASR per 100. This included the Cities of Mornington Peninsula (12.2/100), Stonnington (12.2/100), Frankston (11.8/100), Glen Eira (11.6/100), Bayside (11.4/100) and Port Phillip and Kingston both at 11.3/100.

There were two LGAs within the catchment with rates of women with mental health and behavioural problems higher than the state rate (14.6/100 ASR) - the Cities of Frankston (15.8/100) and Dandenong (15.6/100).

## **Mortality**

### ***Suicide and self-inflicted injuries***

Data in relation to deaths from suicide and self-inflicted injuries for the catchment indicates that there are several LGAs with a much higher age standardised rate when compared with the Victorian rate of 10 per 100,000 ASR. This includes the Cities of Port Phillip at (16.8 per 100,000 ASR) as the highest followed by Frankston (15.7 per 100,000 ASR) and the Shires of Cardinia (15.5 per 100,000 ASR) and Mornington Peninsula (12.8 per 100,000 ASR).

Several LGAs within SEMPHN also have rates of avoidable mortality for both males and females that are higher than the Victorian rates. The highest rate for avoidable mortality in males is in the City of Port Phillip (165.6 ASR per 100,000) as compared with 135.8 ASR for Victoria. Other LGAs with higher rates of avoidable mortality in males include the City of Frankston (163.4 ASR) and Greater Dandenong (147.8 ASR).

The City of Frankston has the highest rate of avoidable mortality in females at 102.1 per 100,000 ASR compared with the Victorian rate for females at 82.7 ASR. The City of Dandenong also has a higher rate for women at 90.8 ASR. Overall, however, the City of Frankston has the highest ASR for deaths from all avoidable causes for all persons at 132.1 per 100,000 ASR compared with the Victorian rate of 109 ASR.

# Service needs analysis outcomes

## Support

### *Community Support*

There is general acceptance that social connectedness has a beneficial role in maintaining and enhancing psychological wellbeing. As such, there are a number of other social indicators that can be used as proxy measures for assessing strength of community and support and thus as potential determinants to mental health and wellbeing and triggers for substance abuse include support networks.

Available data used in this context includes individuals who are able to get support at times of crisis from persons outside their household. There appears to be statistical significance in the rate of people within the City of Greater Dandenong, aged 18 years and over who are able to get support in times of crisis from outside the household. Based on the raw ASR per 100, without confidence intervals, it is clearly evident that people in this LGA are more likely to be isolated within their own households and less well supported in times of crisis from persons outside their households.

Conversely, there is marginal variation across LGAs in relation to persons who provide support to other relatives living outside the household.

## Service utilisation

### *Registered mental health clients*

There are two LGAs within the SEMPHN that have rates of registered mental clients per 1,000 population higher than the Victorian rate of 11.1/1,000. This includes the City of Frankston at 13.6/1,000 and City of Port Phillip at 12.5/1,000.

### *Prescriptions (Medications)*

Data available from the Australian Commission on Safety and Quality in Health Care (ACSQHS) and published in its Australian Atlas of Healthcare Variation indicates substantial geographic variation in the rate of Pharmaceutical Benefit Scheme (PBS) prescriptions for selected mental health and drug related conditions. For the age group 17 years and under, the LGA which had the highest number of prescriptions dispensed as an age standardised rate was the City of Frankston, with a rate of 11,829 per 100,000 ASR. This was followed by the Shires of Mornington Peninsula (10,421 ASR) and Cardinia (10,186 ASR) If this is compared with the State rates published for the same period, it indicates these rates are well above the State rate of 7,789 ASR in that year.

Prescriptions for anxiolytic (anti-panic or anti-anxiety) medicines highlights that highest usage was in the City of Frankston for people aged 18 years to 65 years which is in fact the highest rate for Victoria as indicated in the data for the year 2013-14 as published by the ACSQHC.

The data for those aged 65 years and over indicates that the City of Stonnington has the highest usage of anxiolytic medicines for this age group at 57,347 per 100,000 ASR which according to the ACSQHC data for 2013-14 is the highest rate in Victoria.

PBS dispensing of antipsychotic medicines per 100,000 people ASR indicates that the City of Frankston also has the highest rates for the age group 18 to 65 years of age (24,020 ASR), again higher than the State rate of 19,663 ASR. For the age group 65 years and older, the City of Port Phillip ranks the highest with an ASR of 42,737.

### ***Mental Health Treatment Plans***

Data from the Australian Atlas of Healthcare Variation were analysed to review catchment differences in Medicare Benefits Schedule (MBS)-funded services for the preparation of mental health treatment plans by general practitioners per 100,000 people, age standardised. Within the catchment there were three LGAs that had a higher rate of GP prepared mental health plans than the Victorian rate of 5,228 per 100,000 ASR. The highest rates of mental health plans were in Frankston at 6,602 ASR, followed by Mornington Peninsula at 6,343 ASR and Port Phillip at 5,625.

Based on state and territory summary data available from ACSQHS it is evident that Frankston's rate for the preparation of mental health treatment plans by GPs per 100,000 people is the highest rate for Victoria.

### ***Hospitalisation***

Data on hospitalisations for mental health related conditions within the catchment indicates that there are higher rates of public hospital admissions than the Victorian rate of (794.0 per 100,000 ASR) in the Cities of Greater Dandenong (1,076.5 per 100,000 ASR), Frankston (1,068.7 per 100,000 ASR) and Port Phillip (1,023.1 per 100,000 ASR)

If however, hospitalisations for all hospitals are considered the highest rate is within the City of Kingston that has an ASR of 1,872.5 per 100,000 as compared with the Victorian rate of 1,532.1 ASR

Data on service utilisation of the Mental Health Nurse Incentive Program (MHNIP) has been analysed by SA3 and age standardised rates calculated.<sup>80</sup> There were two LGA's with relatively high utilisation in SEMPHN - Frankston with an ASR service utilisation of 63.4 services per 1,000 population and Glen Eira with 49.0 services per 1,000 population. The LGA with the lowest level of utilisation was Casey-North at 9.81 services per 1,000 population.